

**Indiana State Department of Health
PHHS Block Grant
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2009

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Executive Summary

This is Indiana's application for the Preventive Health and Human Services (PHHSBG) for Federal Fiscal Year 2009. The PHHSBG is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Sections 1901-1907, as amended in October, 1992 and Section 1910A as amended in October 1996. The Indiana State Department of Health is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Indiana.

Funding Assumptions

The total award for the FFY 09 PHHSBG is \$1,636,601.00. This amount is based on the FFY 08 allocation table distributed by the CDC on April 24, 2008. The amount will be updated based upon the final allocation table distributed for FFY 09 by the CDC at a date TBA.

Proposed Allocation for FY 2008

PHHS Block Grant dollars are allocated to those health areas that have no other source of state or federal funds, or, wherein combined, state and federal funds are insufficient to address the extent of the public health problem. FFY 2009 funding priorities are as follows:

Program	Health Objective	Funds
Sexual Assault Services	15-35	\$150,306
Public Health System Quality Improvement	23-8	\$749,525
Public Health Education/Training	23-10	\$217,000
State Health Data Center	23-2	\$280,250
Social marketing	7-10	\$239,520

Impacting other health objectives:

- Access to Quality Health Services 1-3, 7
- Educational/Community-Based Programs 7-2, 3, 5, 6, 7, 9, 11, 12
- Health Communication 11-2, 3, 6
- Immunization/Infectious Diseases 14-1, 22, 24, 29
- Nutrition and Overweight 19-1, 2, 3, 5, 6, 8, 9, 16
- Physical Activity and Fitness 22-1, 2, 6, 13, 14, 15
- Public Health Infrastructure 23-3, 4, 5, 9, 11, 12, 15
- Tobacco Use 27-1, 2, 3, 4, 5, 6, 7, 11, 12, 13

As established by the Public Health Services Act, Section 1905(d), the Indiana PHHSBG Advisory Committee makes recommendations regarding the development and implementation of the State Plan/Application. The Advisory Committee reviewed and approved the programs listed above the funding for FFY 2009.

State Program Title: Public Health Education and Training

State Program Strategy:

Program Goal: To increase the development and availability of various forms of education and training opportunities for Indiana's public health workforce.

Program Priorities: In order to maximize the effectiveness of Indiana's public health sector, appropriate levels of **continuing education and training** must be provided in a cost-effective and convenient manner. The Indiana State Department of Health (ISDH) will lead efforts to provide these opportunities through a variety of approaches. A key goal is to begin preparing the public health sector for voluntary national accreditation, which is expected to be available in 2011.

In FFY 2008, a comprehensive state public education plan was being developed. This activity was being executed with the assistance of an outside partner with oversight from a designated ISDH project coordinator. In addition, the Learning Management System (LMS) was slated to receive several upgrades. However, there were problems with the LMS system with outside partners not meeting deadlines, and therefore the LMS system has been taken offline temporarily, and an internal and external needs assessment is being completed with a target online working date of June 2009. The assessment has been very beneficial as it has reached local health departments as well as inside participants and has gotten several people more involved with the system. Additionally, four additional teams were sent to MARPHLI to increase the level of public health professionals that have received public health leadership training.

In FFY 2009 the **comprehensive state public health education plan** will be finalized and disseminated to the public health workforce. This will be overseen by an ISDH project coordinator, and will involve a new contractor. In addition, a new LMS system will be chosen regarding the assessment taken and will be in place by December 2009. Collectively, these activities will help **assure a competent public health workforce** in Indiana.

Primary Strategic Partners: The ISDH has fostered many collaborative relationships and strategic partnerships both internally and externally. They include:

Internal

Public Health & Medicine Partnerships
Preparedness Division
Partner Relations Office

External

Local Health Departments
Indiana Public Health Association
LMS Partner States

Role of PHHSBG Funds: PHHSBG funds will be utilized to increase the development and availability of education and training opportunities for Indiana's public health workforce. Funds from other state and federal sources are already being used for many of these activities. However, funding from these other sources has been reduced in recent years and is insufficient to achieve desired goals.

Evaluation Methodology: The utilization of the LMS will be monitored through a Web-based tracking system. The ISDH will continue to reach out to those who have used the LMS to collect feedback on the usefulness of the system and course content. In addition, the development of the state public health education plan will be subject to review and approval by ISDH officials, including the State Health Commissioner.

National Health Objective: 23-10 Continuing education and training

State Health Objective(s):

Between 01/2009 and 12/2009, continue the development of a state public health education plan and disseminate the knowledge of the Essential Public Health Services to 500 public health professionals throughout Indiana.

State Health Objective Status

Partially Met

State Health Objective Outcome

Indiana's Public Health Workforce Development collaborative developed the Education and Training Planning Guidance and Toolkit to be distributed to local health departments in 2010. Public health attorneys were afforded the opportunity to receive education on HIPAA and the 10 Essential Services through Indiana Continuing Legal Education Foundation. Two attorneys attended national training on HIPAA. 172 public health nurses were afforded the opportunity to attend a free public health nurse conference sponsored by the ISDH. 429 public health workers attended public health week, partially sponsored by the ISDH. The agency also supported the Influence Women's Health Forum. Thirty public health workers were given the opportunity to attend the annual Indiana Environmental Health Association conference. The ISDH training room was upgraded, managers received training, and new software was purchased to better enhance educational opportunities for PH workers.

Barriers/Challenges to Success

The Indiana Office of Technology rejected the agency's request to contract for a learning management system.

Strategies to Overcome Barriers/Challenges

The agency is looking at providing as many opportunities to public health workers for education and training as possible. Requests are sent to a designated person and approved/denied based on funding availability and appropriateness of request.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Develop Comprehensive State Public Health Education Plan

Between 01/2009 and 12/2009, Contractors will develop 1 Comprehensive State Public Health Education Plan.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2009 and 12/2009, Contractors developed 1 Comprehensive State Public Health Education Plan.

Barriers/Challenges to Success

H1N1 activities created a challenge to timing and implementation of this plan.

Strategies to Overcome Barriers/Challenges

A communications plan will be utilized to roll out the plan to local health departments.

Activity 1:**Develop Comprehensive State Public Health Education Plan**

Between 01/2009 and 12/2009, contract with a vendor to help with the planning, writing, and eventual approval of the comprehensive state public health education plan. This will be done with the help of a Public Health Workforce Development Executive Advisory Committee and a PHWD Workgroup. The Advisory Committee consists of people from education, ISDH, the IPHA, IPHF, and other partner agencies at the exec level. The first meeting will be here at ISDH on Jan. 20. The Executive Advisory Committee will provide oversight to a workgroup. The Workgroup consists of ISDH staff who are responsible for training and education, Local Health Department representatives, and partner public health associations, as well as education partners. LHD representation consists of Public Health Nurses, Administrators, Sanitarians, Environmentalists, etc. The first meeting of the PHWD Workgroup is Jan. 14. The workgroup will provide 5 deliverables: 1) A PH Workforce education/training plan and template 2) A marketing strategy to promote advancement of PH competencies and training in the workforce 3) Storyboards to help with marketing, at conferences, etc. 4) A website 5) An assessment tool (done through the Learning Management System.

The Executive Advisory Committee will review the work of the workgroup, give suggests, give their approval of final "products" and will meet 4 times in 2009 prior to September. The Workgroup will do all that was stated above and will meet 6 times in 2009, ending with a meeting on 9/1.

Activity Status

Partially Completed

Activity Outcome

Planning and assessment of Indiana's public health workforce needs was conducted, an Executive Advisory Committee and a Public Health Workforce Development Workgroup were convened, and both groups met several times throughout 2009. The product of this project was the development of a toolkit to be used by local health departments for three purposes: 1) to support quality improvement in the provision and documentation of individual performance and agency provision of the 10 Essential Public Health Services, 2) to achieve a measure of standardization of public health workforce development among local health departments, and 3) to prepare local health departments for national voluntary accreditation. The toolkit is being piloted in counties of various size and make up in the first quarter of 2010. An evaluation will be conducted by Purdue Healthcare Technical Assistance Program and evaluation data will be provided to the Public Health Workforce Development Toolkit Workgroup. The toolkit will be updated according to evaluation recommendations as determined by the Workgroup and the finished product will be distributed to Indiana local health departments in the summer of 2010.

Barriers/Challenges to Success

The Indiana Office of Technology denied the agency's request to contract for a learning management system.

Strategies to Overcome Barriers/Challenges

The agency is looking at providing as many opportunities to public health workers for education and training as possible. Requests are sent to a designated person and approved/denied based on funding availability and appropriateness of request.

Essential Service 8 – Assure competent workforce**Impact/Process Objective 1:**

Increase Availability of opportunities for learning

Between 01/2009 and 12/2009, State Employees will increase the number of opportunities for continuing education and training from 0 to 1.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2009 and 12/2009, State Employees increased the number of opportunities for continuing education and training from 0 to 1.

Barriers/Challenges to Success

The Indiana Office of Technology denied the agency's request to contract for a learning management system.

Strategies to Overcome Barriers/Challenges

Alternatively a system was set-up internally whereby requests may be submitted to a designated person for approval for a PH worker to receive education/training on appropriate topic areas.

Activity 1:

Implement a new Learning Management System

Between 01/2009 and 12/2009, contract with a new vendor for a Learning Management System capable of reaching all state and local health departments in the public health workforce.

Activity Status

Not Started

Activity Outcome

N/A

Barriers/Challenges to Success

The Indiana Office of Technology denied the agency's request to contract for a learning management system.

Strategies to Overcome Barriers/Challenges

An internal system was set-up for individual PH workers to obtain approval for funding to attend education/trainings.

State Program Title: Public Health System Quality Improvement

State Program Strategy:

Program Goal: To improve the overall quality and capabilities of Indiana's public health system. There will be a specific focus on the 10 public health essential services for the purposes of future voluntary accreditation for public health agencies.

Program Priorities: In order to improve the **competencies of Indiana's Public Health Sector**, it is important for all public health agencies to assess current competencies and subsequently work to improve identified weaknesses.

In FFY 2007, the Indiana State Department of Health (ISDH) was granted advance access to version 2 of the National Public Health Performance Standards Program (NPHPSP) assessment tool. This tool has currently already been used by several local health departments in Indiana, and a state public health assessment workshop was conducted in August of 2007. In FFY 2008, public health agencies that had already started this process continued their respective activities, while other agencies were invited to begin with the assessment phase.

In FFY 2009, all previous agencies will continue their respective activities, and mentor other communities by sharing ideas and their best practices. Approximately 15 new public health agencies will begin the assessment phase of the quality improvement project.

National Health Objective: 23-8 Competencies for public health workers

State Health Objective(s):

Between 01/2009 and 12/2009, conduct competency assessment as 15 local health departments in Indiana. The assessments will be based on the 10 essential public health services.

State Health Objective Status

Partially Met

State Health Objective Outcome

In 2009, ten local public health system assessments were conducted. In addition, two state assessments were conducted - Governance and State Labs. Since 2007, 40 local public health systems have undergone the assessment work. In the counties that had previously completed this work, partnerships had been built that proved to be valuable during H1N1.

The ISDH Leadership at all levels program grew to include an intermediate course for those who had previously completed the core course. In 2009, 89 ISDH personnel graduated from the core leadership course; 57 graduated from the intermediate course. The leadership course will be piloted at the local level in 2010.

Barriers/Challenges to Success

Activities related to H1N1 had an impact on continuing this work at the local level. Due to staff and resources being re-directed to vaccine distribution, counties were not able to find the time to complete assessments. Additionally, a training component was not utilized during 2009.

Strategies to Overcome Barriers/Challenges

The County Health Rankings released on February 17, 2010, will be utilized to determine target counties from the lowest quartile for assistance in this area. Additionally, the county level data will be used to do

MAPP in the 40 counties that have completed the assessment phase of this project. Lean Six Sigma yellow belt training will be offered to personnel in local public health systems. Green belt training will be offered at the state level.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Key State Partners

Between 01/2009 and 12/2009, Essential Service Review Team will identify 2 key state partners to assist the quality improvement project by utilization of documents created from surveys from each program, Public Health Accreditation Board draft standards, and agency priorities to have a goal of capacity building, improved health outcomes, improved customer service, or improved efficiency.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Barriers/Challenges to Success

The advent of H1N1 prevented the start of this project.

Strategies to Overcome Barriers/Challenges

Because of H1N1 many new partnerships were formed. The agency will utilize these relationships to build strategic partnerships to further these specific goals.

Activity 1:

Key State Partners

Between 01/2009 and 12/2009, By December 31st, 2009, the Essential Service Review Team will identify 2 Key State Partners to utilize documents assessed from program surveys, Public Health Accreditation Board draft standards, and agency priorities to identify a quality improvement project, the goal of the project being capacity building, improved health outcomes, improved customer service, or improved efficiency.

Activity Status

Not Started

Activity Outcome

N/A

Barriers/Challenges to Success

The advent of H1N1 prevented the start of this project.

Strategies to Overcome Barriers/Challenges

Because of H1N1 many new partnerships were formed. The agency will utilize these relationships to build strategic partnerships to further these specific goals.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Development of New Plans

Between 01/2009 and 12/2009, Indiana State Department of Health will develop 2 new plans at the state level as a result of previous assessments, and the subsequent teambuilding and project charter trainings.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Barriers/Challenges to Success

The advent of H1N1 prevented the agency from having the appropriate time and staff resources to develop these plans.

Strategies to Overcome Barriers/Challenges

The Office of Public Health Performance Management has been developed at the ISDH. This office will maintain oversight over these types of projects.

Activity 1:

Development of New Plans

Between 01/2009 and 12/2009, work teams formed at the Indiana State Department of Health following the state public health assessment workshop will create plans that directly address issues identified as a result of the assessment and gain approval for the implementation of those plans by emmmbers of the ISDH Executive Staff

Activity Status

Not Started

Activity Outcome

N/A

Barriers/Challenges to Success

The advent of H1N1 prevented the agency from having the appropriate time and staff resources to develop these plans.

Strategies to Overcome Barriers/Challenges

The Office of Public Health Performance Management has been developed at the ISDH. This office will maintain oversight over these types of projects.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Local Health Department assessments

Between 01/2009 and 12/2009, Indiana State Department of Health and Contractors will identify 15 local public health agencies to address their needs and weaknesses.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 01/2009 and 12/2009, Indiana State Department of Health and Contractors identified 10 local public health agencies to address their needs and weaknesses.

Barriers/Challenges to Success

Vaccine distribution for H1N1 required the attention of local health department staff, thus not allowing several counties to participate in this project during this year.

Strategies to Overcome Barriers/Challenges

The County Health Rankings released on February 17, 2010, will be utilized to determine target counties from the lowest quartile for assistance in this area.

Activity 1:**Local Health Department Assessment**

Between 01/2009 and 12/2009, conduct assessments at 15 local public health agencies using the NPHPSP assessment instrument and follow-up with teambuilding and project charter training.

Activity Status

Partially Completed

Activity Outcome

Assessments using the NPHPSP assessment instrument were conducted in 10 counties during 2009. A Governance Assessment of the ISDH was conducted in lieu of a county assessment. In addition, an assessment of the Indiana Laboratory System was conducted. The tool used was the L-SIP (Laboratory System Improvement Program created by the Association of Public Health Laboratories. This tool is similar to the NPHPSP instrument. Indiana was the 20th state to conduct the assessment event, inviting stakeholders from all over the state and from various disciplines that impact or are impacted by laboratory services in Indiana.

Barriers/Challenges to Success

Vaccine distribution for H1N1 required the attention of local health department staff, thus not allowing several counties to participate in this project during this year.

Strategies to Overcome Barriers/Challenges

The County Health Rankings released on February 17, 2010, will be utilized to determine target counties from the lowest quartile for assistance in this area. In addition, as was done in 2009, alternative systems such as the state laboratory system may be identified for assessment.

State Program Title: Sexual Assault Services

State Program Strategy:

Program Goal: To reduce the prevalence of rape and attempted rape of women age 12 and older.

Program Priorities: The Indiana Family and Social Services Administration (FSSA) oversees Indiana's Sexual Assault Services programs. In FFY 2009, Sexual Assault Services funds will be distributed to various sub-grantee organizations throughout the state that provide services aimed at increasing and enhancing prevention, intervention, and treatment programs with the ultimate goal of **reducing the prevalence of rape or attempted rape**. Priorities will be placed on education programs specifically targeting the young adult and youth populations. The purpose of these programs is to **link people to services** as part of efforts to reduce the rate of sexual violence among young adults and youth.

Contracts with each sub-grantee will include the following deliverables:

- To show an increase in services or coverage to underserved areas.
- To show an increase in focus on the targeted populations.
- To enhance the dissemination of information on treatment for sex offenders in Indiana.
- To show an increase in the number of youth receiving education on issues of sexual violence.

Primary Strategic Partnership: The Indiana Family and Social Services Administration has fostered collaborative partnerships with 21 external organizations around the state that provide sexual assault services.

Role of PHHSBG Funds: PHHSBG funds will be used to provide direct funding for programs at organizations that provide sexual assault services.

Evaluation Methodology: Evaluations of each project shall be conducted on two levels. The first level of evaluation will be completed internally by the sub-grantee's agency director or through another internal control process of evaluation. The second level is conducted by FSSA with statistical data and other anecdotal information to allow for rigorous evaluation of each individual project as well as providing a means for overall evaluation of the SAS funding stream.

Monthly reports will be required of each funded project. These reports are broken into the following categories:

- financial information to document accounting of SAS funding.
- statistical information to document sexual assault activities, programming efforts and victims served.
- narrative information to document attainment toward objectives

Each organization that receives funding will also be required to establish its own mechanism of data collection and internal controls. The FSSA monthly reporting process establishes the guidelines and requires extensive data collection and maintenance information from each subgrantee organization.

National Health Objective: 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2008 and 09/2010, Reduce Rape and Attempted Rape of women age 12 and older to no more than .8 per 1,000.

State Health Objective Status

Partially Met

State Health Objective Outcome

This year's funding has allowed for over 20 agencies to receive funds to support victims of sexual assault. The main objective is to have key personnel trained and available at the time of the crisis and to intervene

with victims on their behalf. The sexual assault victim advocate is the individual who is training to handle this type of crisis and to aid with the victims care and to that vital person who can link the victim to the appropriate supports. With the funds received by the 20 crisis centers around the state they have been able to advocate on behalf of over 889 rapes, 1249 attempted rape victims and has been the key factor in first response to the victim's immediate needs. This increase support is the first step to advocacy and to increase the opportunity for prosecution.

Indiana continues to deal with the problem of sexual assault and how to best address the end to sexual violence. As reported by Child Protective Services for the state fiscal year there have been 3,347 substantiated case of child sexual assault, over 8,000 cases of unsubstantiated and over 600 of indicated cases of sexual assault on children in our state. According to data from the Bureau of Justice Statistics Criminal Victimization, 2008 there have been a reported 203,830 case of rape or sexual assault in the nation. In this same report, characteristics of victims of violent crimes as reported by the NCVS in 2008 females are more likely to be a victim of rape than males. When age was broken down in this report it was seen that persons between the ages of 12 – 24 experience the highest number of victimizations. When income levels are broken down the correlation between lower income homes and higher incidents of crime are reported, compared to higher income households.

The problem continues to face all races and income levels. The target population for this program is individuals who receive sexual assault treatment and prevention services throughout the state. These programs are the selected group of recipients from the solicitation process. The disparate population includes the more specific group of low-income individuals who receive treatment.

Barriers/Challenges to Success

Barriers continue to be the lack of funds for appropriate programs to provide for the increase in victims and their needs. And the need for continued education on the issue of sexual violence. With additional funds the service providers could increase educational materials, provide service areas with highly trained victim advocates and increase the community's knowledge of this health issue.

In July of 2009 these funds were transferred to the Indiana Criminal Justice Institute per Indiana statute. The information in this report has been compiled from reports obtained from FSSA for the first 2 quarters and from ICJI for the last two quarters of 2009. Information provided by INCASA has also been utilized.

Strategies to Overcome Barriers/Challenges

Provide more educational materials to communities, educators, and service providers.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Increase services to victims, and information about prevention to all

Between 10/2008 and 09/2010, Family and Social Services Administration will increase the percent of prevention programming for youth between the ages of 12 and 22 by 10%, increase information dissemination on treatment options for Indiana male sex offenders under the age of 35 by 22%, and increase services to Indiana women who are the victims of sexual violence by 10% from 0% to **10%**.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2010, Family and Social Services Administration increased the percent of prevention programming for youth between the ages of 12 and 22 by 10%, increase information

dissemination on treatment options for Indiana male sex offenders under the age of 35 by 22%, and increase services to Indiana women who are the victims of sexual violence by 10% from 0% to 5.

Barriers/Challenges to Success

Due to the incorrect inclusion of 3 objectives within 1 objective, it is not possible to fully reflect each measure. Baseline data was not available for some of the objectives, therefore, the objectives may not have been measurable. Due to the move from FSSA to ICJI, there was not adequate time to properly re-work the plan for 2009 activities. There were no baselines to measure the distribution of materials on male sex offenders under the age of 35 so it was challenging to determine if there was an increase by 22%.

These funds are still in the process of being used by the funded programs, the impact and status is still being measured and collected.

a. Total Number of Educational session conducted:	979
b. Total Number of participants:	14,524
i. Elementary School Students	2,552
ii. Middle/Junior High School Students	4,517
iii. High School Students	4,420
iv. College/University Students	85

This is an increase in prevention programming by about 30% statewide.

INCASA has been in partnership with the Indiana Department of Corrections and Liberty Behavioral Health, the sex offender treatment service provider for the state for the past ten years. For the past two years there has been an increased focus on adolescent male offenders and the treatment services provided to them. The Department of Corrections and INCASA have collaborated on training and information dissemination for treatment options, housing, community corrections, and detention issues. Through conferences, trainings, and meetings informational materials have been developed and distributed in every county to corrections officers, victim advocates, law enforcement, treatment providers, prosecutors, probation departments, and courts.

Two domestic violence service providers expanded services to include sexual assault - Turning Point in Columbus and Family Services of Howard County.

Strategies to Overcome Barriers/Challenges

Objectives will be properly identified independently and outcomes will be measurable in the work plan for 2010 activities.

The Department of Corrections and INCASA collaboration have established baseline data and have assessed the level of knowledge and education regarding male sex offenders in Indiana. This will help in evaluating the success of future outcomes.

Activity 1:

Extend coordinated, comprehensive sexual violence prevention programs within counties

Between 10/2008 and 09/2010, the programs would

- Educate youth about the role of drugs and alcohol in sexual violence.
- Encourage underserved regions and counties to develop a prevention curriculum.
- Encourage communities to provide programs in environments that will teach males as well as females.

Activity Status

Partially Completed

Activity Outcome

INCASA provided training to 1,500 youth in the public schools about drug facilitated sexual assault. Service providers throughout the state trained an additional 3,000 + youth on sexual violence issues including drugs and alcohol related issues around sexual violence.

INCASA serves as the state leader in primary prevention efforts for the anti-sexual violence movement. In 2008 INCASA worked with 10 agencies providing training on the spectrum of prevention with a focus on developing and implementing curriculums and programming using the social ecological model. Additionally trainings were conducted regionally with five trainings during the year reaching 175 professionals. Three new agencies were provided with planning grant dollars to develop prevention materials, collect data, and assess the community's understanding of primary prevention. The new agencies covered the south central, south west, and west central regions of Indiana.

INCASA technical assistance engaged a focus with local agencies to develop education and outreach efforts that would engage men and increase bystander intervention by focusing on males as well as females.

Additionally INCASA hosted an adolescent male summit in November 2009. In its first year there were 80 youth in attendance from five school corporations. These youth spent the day with speakers talking about technology, internet, dating, relationships, communications, influences, and bystander issues. At the end of the summit these adolescent males were challenged to go back to their schools and develop a project that would change attitudes and promote healthy relationships. INCASA is waiting on products.

Barriers/Challenges to Success

The biggest challenge was putting on the adolescent male summit this year. Being our first year and targeting males between 14-17 during the school year there were unforeseen challenges such as time allowances for travel to and from school after the school day started and before the school day ended; marketing the summit to the appropriate people and not allowing enough time for schools to receive the information and get it through their channels for participation.

Strategies to Overcome Barriers/Challenges

Entered INCASA will continue providing training and technical assistance to all local programs. INCASA is also planning to release the Listen to Me curriculum in March 2010 and pilot the program in at least three schools in the fall of 2010. Once this is complete INCASA will hold information and train the trainer sessions on Listen to Me, Choose Respect and Safe Dates curriculum for educators to use who are not already engaged in using evidence based methods.

Activity 2:

Expand coordinated, comprehensive sexual offender treatment programs with the state

Between 10/2008 and 09/2010, the programs would

- Disseminate informational materials on effective treatment programs in Indiana.
- Increase services to underserved regions, specifically in the Northwest and West Central regions of Indiana.
- Expand collaborative efforts with correctional re-entry programs targeting series for domestic violence offenders.

Activity Status

Partially Completed

Activity Outcome

Services and collaborative efforts continue to be a focus for the Indiana Criminal Justice Institute and INCASA in order to provide more comprehensive services for victims and offenders in improving services to victims of sexual assault. INCASA continues to provide technical assistance to programs that desire to implement strategies and programs that provide sexual assault training and education. With funds from ICJI and the Preventive Health and Health Services Block grant this enables both agencies to evaluate and support those initiatives that promote healthy skills and provide crisis intervention.

With the addition funds from the service grant INCASA continues to provide training to advocates across the state and to include those advocates who work in the correctional setting and can acquire the skills to be effective sexual assault victim advocates within this setting.

Barriers/Challenges to Success

The barriers continue to be the increased need for trained and skilled advocates to work in this setting and to provide services to offenders in effective treatment programs.

Strategies to Overcome Barriers/Challenges

INCASA and ICJI will continue to evaluate the needs of the state and how to best distribute the funds in areas of greater need. The areas in our most northwestern continue to be in need of additional programs, trainings, educational materials and for trained personnel to meet the needs of the communities.

Activity 3:**Improve and enhance services and response initiatives to victims of sexual assault.**

Between 10/2008 and 09/2010, the programs would

- Encourage and support current efforts to provide services through crisis intervention, hotlines, support groups, and other services.
- encourage expansion of services and support to underserved counties.
- Encourage services with correctional re-entry programs targeting family preservation for victims of sexual violence.

Activity Status

Partially Completed

Activity Outcome

With the move from FSSA to ICJI these programs have continued to be operational and to meet the needs of their communities in a continuum of services. ICJI will continue to pursue the need to increase the distribution of resources statewide, and to address the needs of the victims in our state. The Indiana Department of Corrections continues to offer programs specifically designed to address this population and to provide programs to offenders with the Sex Offender Management and Monitoring system. IDOC continues to foster programs for youth that target positive relationships, anger management, and the STEP program for higher risk youth. For programs funded by ICJI over 4500 crisis calls were logged. With the cooperation of INCASA, ICJI will continue to monitor and gather data until the completion of the grant cycle in 9/2010.

Barriers/Challenges to Success

The barriers continue to be funding allocations and providing ongoing trainings to all service providers across the state. And for more service providers to be included in the funding distribution. There continues to be disparate number of providers across the state and this leaves a gap or barrier in services to agencies that may be able to reach more victims.

Strategies to Overcome Barriers/Challenges

To reevaluate the need for more service providers and to seek more funds to meet the growing demand for highly trained professionals to work with victims and offenders to reduce the risk and increase educational supports.

State Program Title: Social Marketing

State Program Strategy:

Program goal: To utilize existing and new partnerships to create and disseminate educational information and materials on a variety of public health topics.

Program Priorities: In response to a recent marketing campaign by a cigarette manufacturer that targeted young women, The Indiana State Department of Health (ISDH) spearheaded an effort during the spring of 2007 to bring together women of influence in Indiana for an event designed to mount a counterattack to the cigarette marketing campaign. the INFLuence Summit was a large success and eventually resulted in the publication of an anti-tobacco insert in *Indianapolis Woman* magazine. In FFY 2008, the ISDH planned to continue this momentum by addressing other public health topics through various types of **community health promotion programs**. A different topic was emphasized each month. The ISDH will continue to lead these efforts by lining up sponsors based on the selected topics.

In FFY 09, the ISDH wants to continue the social marketing success but wishes to branch out. The goal is to have funds available for immediate use when the need would arise in an emergency situation or alternate programs that need marketing and are just beginning their work. One example of this is the Adolescent State Health Plan, which would make Indiana one of a handful of states with such a plan. Another planned use would be public service announcements to counterattack harmful, medically misleading information. Events similar to the original INFLuence Summit will be held to help build interest in these initiatives and **mobilize these partnerships**. This would eventually lead to various efforts to **inform and educate the general public** about health issues and **link people to available services** when necessary.

Primary Strategic Partners: The ISDH has fostered many collaborative relationships and strategic partnerships both internally and externally. They include:

Internal:

Nutrition and Physical Activity
Chronic Disease Division
Office of Women's Health
Governor's Council for Phys. Fitness/Sports

External:

Weiss Communication
Indiana Tobacco Prevention/Cessation
American Lung Association
Anthem Blue Cross/Blue Shield

Role of PHHSBG Funds: PHHSBG funds will primarily be used to supplement costs associated with the creation and distribution of inserts and other publications, although most of these costs will be covered by sponsorships with various external partners. Funds will also be used to contract with an outside vendor that will help secure these sponsorships and provide input into the content of the publications.

Evaluation Methodology: Information regarding the distribution of various inserts and publications will be collected from the various partners involved in the distribution process. This will include circulation figures for magazine inserts. Follow-up information will be collected from a select number of people in the target population through surveys and other forms of outreach to determine the effectiveness of each initiative.

National Health Objective: 7-10 Community health promotion programs

State Health Objective(s):

Between 01/2009 and 12/2009, execute at least 10 additional community health promotion programs aimed at educating the public and raising awareness about select public health issues.

State Health Objective Status

Partially Met

State Health Objective Outcome

A statewide media campaign for influenza vaccinations was executed late 2009. In addition, the Adolescent State Health Plan was completed and disseminated to the appropriate partners.

Barriers/Challenges to Success

On March 12, 2009, the Indiana State Budget Agency issued a memorandum to all state agencies regarding advertising expenses. The memo indicated that additional scrutiny of communications and advertising expenses would be done through a Committee consisting of the Governor's Office and the Office of Management and Budget (OMB). In addition, on November 23, 2009 an additional memo declared, "Agencies should minimize media and advertising expenses to the greatest extent possible." It has been increasingly difficult to obtain approval for any expenditures in this area.

Vincennes, Indiana was chosen as a site by the CDC for participation in a public engagement project about influenza vaccinations. Indiana was shown to be a conservative state and participants in the project preferred a moderate approach to mass vaccinations.

Strategies to Overcome Barriers/Challenges

The Office of Public Affairs will continue to work with the OMB to obtain approvals for marketing and communications campaigns. Attempts have been made to educate the committee on the difference between marketing items and what is a truly educational public health campaign.

In addition, utilizing the information obtained from the CDC's public engagement project, Indiana strategized an approach to influenza vaccination that included a strong education campaign.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Just-In-Time Education

Between 01/2009 and 12/2009, Indiana State Department of Health and Partners will distribute education by public service announcements to **1 million citizens** in Indiana.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 01/2009 and 12/2009, Indiana State Department of Health and Partners distributed education by public service announcements to **1.4 million citizens** in Indiana.

Barriers/Challenges to Success

Vincennes, Indiana was chosen as a site by the CDC for participation in a public engagement project about influenza vaccinations. Indiana was shown to be a conservative state and participants in the project preferred a moderate approach to mass vaccinations.

Strategies to Overcome Barriers/Challenges

Utilizing the information obtained from the CDC's public engagement project, Indiana strategized an approach to influenza vaccination that included a strong education campaign. The expertise of Cabello was used to create the best media and multiple messaging streams were used to build trust with the public.

Television PSAs, radio spots, and weekly conference calls with the media were employed as tools to get the influenza vaccination message out to the public.

Activity 1:

Education

Between 01/2009 and 12/2009, The Indiana State Department of Health will distribute information in the form of public service announcements and other methods to all Hoosiers as a responsive mechanism to potentially medically misleading information or as a response to a public health emergency.

Activity Status

Completed

Activity Outcome

Hired a PR firm, Cabello Associates, to develop a multi-media campaign to educate the public about influenza and its vaccine, including one 30-second TV spot, radio spots (one 30-second and one 60-second or equivalent in English and Spanish versions), print ads, billboards and bus signs, a poster, and one 4-page health insert publication. The 30-second TV spot targeted women aged 18-54, with the aim to reach parents/caregivers of children. Audience also included pregnant women. Of the three radio spots, one 30-second spot encouraged pregnant women to get vaccinated, the 60-second spot in Spanish also encouraged pregnant women to get vaccinated, and the second 30-second spot encouraged young adults (ages 18-24) to get vaccinated. In addition to more traditional TV and radio placements, the statewide media buy for these materials also included Hispanic/Latino radio stations and newspapers, college newspapers & busses, parenting magazines & Web sites, and Valassis coupon newspaper inserts. Received positive feedback on scope of placement and quality of creative, but also have contracted with Purdue University in Lafayette, Indiana to do a formal evaluation of the campaign.

Barriers/Challenges to Success

Vincennes, Indiana was chosen as a site by the CDC for participation in a public engagement project about influenza vaccinations. Indiana was shown to be a conservative state and participants in the project preferred a moderate approach to mass vaccinations.

Strategies to Overcome Barriers/Challenges

Utilizing the information obtained from the CDC's public engagement project, Indiana strategized an approach to influenza vaccination that included a strong education campaign. The expertise of Cabello was used to create the best media and multiple messaging streams were used to build trust with the public. Television PSAs, radio spots, and weekly conference calls with the media were employed as tools to get the influenza vaccination message out to the public.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Recruit Sponsors

Between 01/2009 and 12/2009, Indiana State Department of Health will identify 3 potential sponsors for at least 5 education and outreach initiatives, based on the selected topics.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2009 and 12/2009, Indiana State Department of Health identified 3 potential sponsors for at least 5 education and outreach initiatives, based on the selected topics.

Barriers/Challenges to Success

The advent of H1N1 and the restrictions on advertising and marketing campaigns as directed by the Governor's office.

Strategies to Overcome Barriers/Challenges

The ISDH identified the Indiana University Office of Informatics, the Patient Safety Coalition, and the Indiana Hospital Association. Online CMEs are being developed in partnership with the State Health Commissioner and these groups.

Activity 1:**Sponsors**

Between 01/2009 and 12/2009, host "partnership roundtables" and conduct other meetings to reach out to potential sponsors.

Activity Status

Partially Completed

Activity Outcome

A partnership roundtable was held in July to discuss Indiana's Immunization Registry. Twenty-one individuals from multiple areas of public health attended the roundtable.

Barriers/Challenges to Success

H1N1 activities were a barrier to having these meetings. An attempt was made to partner with a local news anchor to provide social marketing services for public health promotions - but this activity was denied by the marketing and communications committee.

Strategies to Overcome Barriers/Challenges

The ISDH formed many partnerships during the advent of H1N1. One strategy will be continuing growing those partnerships and building a foundation to enhance this area.

Essential Service 7 – Link people to services**Impact/Process Objective 1:****Health Promotion Programs**

Between 01/2009 and 12/2009, Indiana State Department of Health, Partners, and Contractors will maintain **12** community health promotion programs to provide information that will link people to services related to selected health conditions and individual behaviors that can contribute to one's health.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Barriers/Challenges to Success

On March 12, 2009, the Indiana State Budget Agency issued a memorandum to all state agencies regarding advertising expenses. The memo indicated that additional scrutiny of communications and advertising expenses would be done through a Committee consisting of the Governor's Office and the Office of Management and Budget (OMB). In addition, on November 23, 2009 an additional memo declared, "Agencies should minimize media and advertising expenses to the greatest extent possible." It has been increasingly difficult to obtain approval for any expenditures in this area.

Strategies to Overcome Barriers/Challenges

The Office of Public Affairs will continue to work with the OMB to obtain approvals for marketing and communications campaigns. Attempts have been made to educate the committee on the difference between marketing items and what is a truly educational public health campaign.

Activity 1:

Health Promotion Programs

Between 01/2009 and 12/2009, create and distribute various forms of outreach materials on a monthly basis, largely through magazine inserts and stand-alone publications that can be distributed at locations such as community meetings hosted by Dr. Monroe, health clinics, local health departments, and doctors offices.

Activity Status

Not Started

Activity Outcome

N/A

Barriers/Challenges to Success

On March 12, 2009, the Indiana State Budget Agency issued a memorandum to all state agencies regarding advertising expenses. The memo indicated that additional scrutiny of communications and advertising expenses would be done through a Committee consisting of the Governor's Office and the Office of Management and Budget (OMB). In addition, on November 23, 2009 an additional memo declared, "Agencies should minimize media and advertising expenses to the greatest extent possible." It has been increasingly difficult to obtain approval for any expenditures in this area.

Strategies to Overcome Barriers/Challenges

The Office of Public Affairs will continue to work with the OMB to obtain approvals for marketing and communications campaigns. Attempts have been made to educate the committee on the difference between marketing items and what is a truly educational public health campaign.

State Program Title: State Health Data Center

State Program Strategy:

Program Goal: To improve the accessibility dissemination of public health data by providing a more user-friendly and appropriate interface to the integrated data in the Operational Data Store (ODS).

Program Priorities: A primary role of the State Health Data Center at the Indiana State Department of Health (ISDH) is to oversee the dissemination of public health data in the community. This project initially focuses on improving the use of the data with our internal customers, followed by a rollout of the project to external partners. The end result will be an overall **improvement in public health access to information and surveillance data**.

The majority of data at ISDH is currently analyzed using a SAS interface. Both the ISDH Data Analysis Team and the agency's Epidemiology staff are familiar with this product as part of their involvement with regular data analysis activities. This analysis allows the agency to **monitor health status** throughout the state and to **evaluate current health programs**. The 2009 funding will expand the data available for analysis using the SAS software, expand the use of the web-based interface (Gateway), and add new data sets to the core data currently in the IDS.

This project would require the purchase of various software and equipment. In addition, the Software Developers would be responsible for the addition of the new datasets, interfacing the current data with the SAS environment, and the development of standard tools to review the quality of the data in the IDS. It is envisioned that these upgrades will lead to the establishment of a Web-based tool to provide access to a query based data model to both internal and external users of this data.

Primary Strategic Partners: The ISDH has fostered collaborative relationships and strategic partnerships both internally and externally. They include:

Internal:

Data Analysis Division
Epidemiology Resource Center
Partner Relations

External:

Indiana Health Information Exchange
Local Health Departments
Regenstrief Inst. For Healthcare

Role of PHHSBG Funds: PHHSBG funds would be used for purchases of equipment and software necessary in order to implement a more user-friendly and appropriate interface to the integrated data in the Operational Data Store (ODS), which is maintained by the ISDH State Health Data Center.

Evaluation Methodology: The initial phase of this project will involve upgrades that will improve the use of data with our internal ISDH customers. This will create the opportunity for timely feedback regarding the usefulness of the new interface through surveys and anecdotal information provided by users. Once the project has been rolled out to external partners, input will also be solicited from those users to help evaluate the upgraded system and determine additional activities or improvements.

National Health Objective: 23-2 Public health access to information and surveillance data

State Health Objective(s):

Between 01/2009 and 12/2009, maintain a more user-friendly and appropriate interface to the integrated data in the Operational Data Store (ODS) and upgrade as necessary.

State Health Objective Status

Met

State Health Objective Outcome

ISDH Gateway has been expanded to further be a secure entry point for all ISDH program area data. ISDH was also designed to be scalable enough to be a health portal dedicated to providing information and services to health care professionals, labs, local health departments, and Health Information Exchanges (HIE) in Indiana.

Barriers/Challenges to Success

The integration of data not only within the agency but with our external partner is still an ongoing process. Until the state is able to expand upon our HIE access across the state to our health care partners the agency will struggle with utilizing the gateway to its full potential.

Strategies to Overcome Barriers/Challenges

We have arranged for ongoing meetings to take place with our health partners across the state of Indiana to work jointly to overcome this barrier, progress has been made since our first meeting but we have many issues to address like the Privacy and Security of the data that is been transmitted and limiting access to the data once received. Our goal is to continue these meetings and address this ongoing data sharing challenges.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 1 – Monitor health status****Impact/Process Objective 1:****Expand the use of the web-based interface**

Between 01/2009 and 12/2009, Indiana State Department of Health Software Developers will update **1 set of** data available for analysis using the SAS software, and the use of the web-based interface (Gateway).

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2009 and 12/2009, Indiana State Department of Health Software Developers updated **1 set of** data available for analysis using the SAS software, and the use of the web-based interface (Gateway).

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:**Expanding data and use**

Between 01/2009 and 12/2009, Software Developers would be responsible for interfacing the current data with the SAS environment, and the development of standard tools to review the quality of data in the IDS. These changes will lead to the establishment of a Web-based tool to provide access to a query based data model to both internal and external users of this data.

Activity Status

Completed

Activity Outcome

Ad hoc query report builder has been created to provide access to integrated data and individual data sources.

Barriers/Challenges to Success

Quality assurance and having an exact match to program areas like Data and Statistics have been accomplished.

Strategies to Overcome Barriers/Challenges

Ongoing meetings with program staff have taken place to address identified barriers and to resolve any data quality issues.

Essential Service 9 – Evaluate health programs**Impact/Process Objective 1:****Evaluation of Health Programs**

Between 01/2009 and 12/2009, Indiana State Department of Health Software Developers will implement 1 new data set to the core data currently in the IDS.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2009 and 12/2009, Indiana State Department of Health Software Developers implemented 1 new data set to the core data currently in the IDS.

Barriers/Challenges to Success

Experienced HIPAA limitations when trying to make New Born Screening data available in the IDS.

Strategies to Overcome Barriers/Challenges

Ongoing communication with our internal programs and the Office of HIPAA Compliance to overcome these HIPAA barriers.

Activity 1:**Addition of New Datasets**

Between 01/2009 and 12/2009, Software Developers will add new datasets to the core data currently in the IDS in order to increase the amount of data found within the IDS system.

Activity Status

Partially Completed

Activity Outcome

Data sources such as PHESS and LEAD can now be integrated within the IDS. Additional data sources are not limited to PHESS and LEAD. The IDSCoreApi integrator is designed to also integrate any other person centric data source.

Barriers/Challenges to Success

Building a solid matching process specific to the data source.

Strategies to Overcome Barriers/Challenges

Identify consistent keys for the data source to integrate the data.